

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): 	TELEPHONE NO.: 	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (<i>NAME</i>): <div style="text-align: right;">Petitioner, a minor</div>		
NOTICE OF HEARING — EMANCIPATION OF MINOR <input type="checkbox"/> CONSENT AND WAIVER OF NOTICE		CASE NUMBER:

1. The minor (*name*): _____ has filed a petition asking the court to declare the minor an **EMANCIPATED MINOR**. If the petition is granted, the minor will be considered to be over the age of majority for purposes set forth in California Family Code section 7050.
2. A HEARING for the court to consider the petition will be held:

on (<i>date</i>):	at (<i>time</i>):	in Dept.:	Room:
---------------------	---------------------	-----------	-------

TO PARENTS:

IF THE PETITION IS GRANTED, THE MINOR, THE MINOR'S REPRESENTATIVE, OR THE DISTRICT ATTORNEY MAY LATER PETITION THE COURT TO RESCIND THE DECLARATION OF EMANCIPATION AND YOU MAY BE LIABLE FOR SUPPORT AND MEDICAL COVERAGE FOR THE MINOR.

Date:

.....
 (TYPE OR PRINT NAME)

☐ PETITIONER
 ☐ CLERK

CONSENT AND WAIVER OF NOTICE

The undersigned give up the right to notice of a hearing on the Petition for Declaration of Emancipation, and consent to a declaration of emancipation without a hearing.

- a. ☐ Mother Signature: _____ Dated:
 Address: _____
 Telephone number: _____
- b. ☐ Father Signature: _____ Dated:
 Address: _____
 Telephone number: _____
- c. ☐ Legal guardian Signature: _____ Dated:
 Address: _____
 Telephone number: _____
- d. ☐ Social worker Signature: _____ Dated:
☐ Probation officer
 Address: _____
 Telephone number: _____
- e. ☐ District attorney Signature: _____ Dated:
 Address: _____
 Telephone number: _____